



Louisiana

Bureau of Emergency Medical Services Emergency Operations Plan

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INTRODUCTION

ESF 8 provides a multitude of health services to supplement and support disrupted or overburdened local medical personnel and facilities and to relieve personal suffering and trauma during a disaster event.

Public Health and medical services refers to emergency and resident medical care; doctors, technicians, supplies, equipment, ambulance and emergency medical services, hospitals, clinics, and units, planning and operation of facilities and services. Pre-hospital emergency services and medical transport refers to the coordination of Emergency Medical Services (EMS) professionals, equipment and supplies to address disaster response surge, triage, treatment and transport.

PURPOSE

The purpose of this document is to outlines the basic Emergency Operations Plan for the Louisiana Bureau of EMS (BEMS) for the ambulance support of Louisiana medical operations in a state declared emergency that may require all or one of the following:

- Evacuations
- Search and rescue
- Surge operations
- Shelter operations

SITUATION AND ASSUMPTIONS

A. Situation

1. A crisis may result from:
 - a. A natural disaster (e.g. hurricane, flood, tornado)
 - b. A man-made disaster (e.g. chemical spill, refinery fire)
 - c. A terrorist act (e.g. bombing, chemical release)
2. The nature of the disaster and needs of the persons served require staff and volunteers to be flexible and creative in marshaling resources and providing services.
3. Louisiana is in the Gulf Coastal Plain and covers an area of approximately 51,000 square miles. Fourteen percent of the land area is covered with water in the form of lakes, rivers, streams, bayous and wetlands. The overall terrain ranges from flat to gently rolling hills; from below sea level in the southern portion to slightly more than 535 feet above sea level at Driskill Mountain in Bienville Parish.
4. The climate is moderate with normally mild, wet winters and warm to hot Summers with high relative humidity. Temperatures range from 100 degrees in the summer to near 0 degrees Fahrenheit in the winter and the average annual rainfall varies from 44 inches in the northern part of the State to more than 64 inches in the southern and southeastern areas.
5. The State of Louisiana has sixty-four (64) major political subdivisions called parishes and a population estimated at 4,496,334 (2003 estimate). Parishes are further subdivided into cities, towns, and villages and are usually governed by a president-council form of government or a police jury headed by a president.
6. Cities, towns, and villages have a mayor-council governing body of elected officials.
7. The state is also home to Indian Tribes recognized by the Federal Government. The tribes are dealt with by the Federal Government on a government-to-government basis by the Interior Department's Bureau of Indian Affairs. The BEMS deals with the tribes through the Governor's Office of Indian Affairs.
8. Louisiana faces a variety of natural, manmade and national security hazards which pose a significant threat to the people of the state. They include, but are not limited to, hurricanes, severe storms, tornadoes, floods, dam failures, freezes, winter storms, earthquakes, subsidence, erosion, drought, water shortages, wildfires, nuclear power plant incidents, transportation and other hazardous materials (HAZMAT) incidents, industrial accidents, nuclear attack, chemical/biological warfare, terrorist incidents, civil disturbances or riots, and resource shortages (utility and energy), or a combination of any of these.

9. During an emergency or disaster, the BEMS will take immediate and appropriate action to determine, direct, mobilize, and coordinate resource needs. The BEMS will suspend or cancel normal operations and redirect resources to save lives, to relieve human suffering, to sustain survivors, and to protect property.
10. The Governor's Executive Orders require all agencies to follow National Incident Management System (NIMS) guidelines and establish and follow the incident command system.

B. Assumptions

1. The local jurisdictions, tribal jurisdictions, and the State are primarily responsible for natural and manmade emergency preparedness, but have a shared responsibility with the Federal government for national security preparedness.
2. The State's responsibility necessitates the development of an all-hazard plan supported by parish and local emergency plans. Planning efforts are made as general as possible to ensure flexibility to combat the impact of an all hazards event.
3. The probability of a terrorist or war-related emergency or disaster that would involve mass fatalities and casualties, major devastation and disruption of vital services exists.
4. Emergencies or disasters could cause a grave emergency condition in any area of the State. Emergencies can vary in scope and intensity, from a small local incident with minimal damage to a multi-parish disaster with extensive devastation and loss of life.
5. The initial actions of prevention, mitigation, preparedness, and response and recovery operations are conducted by local government.
6. BEMS assistance will supplement local efforts and federal assistance will supplement State and local efforts when it is clearly demonstrated that it is beyond local and State capability to cope with the emergency/disaster.

ROLES AND RESPONSIBILITIES

The Department of Health and Hospitals is designated as the lead state agency for ESF 8 responsible to ensure compliance of its response activities in support of the guidelines set forth in the National Response Framework:

- Engaged partnership
- Tiered response
- Scalable, Flexible, and Adaptable Operational Capabilities
- Unity of Effort through Unified Command
- Readiness to Act

Network Development

Regional network infrastructures, termed Designated Regional Coordinators Networks, have been established to assist with regional and state ESF 8 responsibilities. As subject matter experts, each of these networks provides a unique response capability to support the State's ESF 8 mission. In support of this mission, the following DRC networks have been developed thus far:

- Hospital
- EMS
- Nursing Homes
- Coroners
- Hospice
- Home Health
- Network 13 (Dialysis centers)
- Others are under discussion such as the federally managed health care centers

Private organizations have partnered to support of the DRC networks. Some of these organizations are:

- EMS -Louisiana Ambulance Alliance
- Hospitals- Louisiana Hospital Association
- Nursing Homes- Louisiana Nursing Home Association

Bureau of EMS

The Bureau of EMS has been designated as a key support agency within ESF 8 and is responsible for:

- Supporting Hospital Evacuation Processes upon request
- Supporting Nursing Home Evacuation Processes upon request
- Oversight of surge ambulance contracts including credentialing of responding ambulances and personnel;
- Supporting Shelter Operations
- Standing up and operating the BEMS Multi-Agency Coordination Center (BEMS MACC)
- Establishing an EMS Communications Plan for EMS during an activation

- Standing up and operating the Ambulance Processing Site where all surge units will be credentialed and briefed
- Supporting Operations at the Bus Triage Site with Triage Task Forces
- Supplementing and supporting the EMS Designated Regional Coordinators with local surge response

CONCEPT OF OPERATIONS

General

The BEMS Emergency Operations Plan is based upon the premise that the Emergency Support Functions (ESF) performed by the various agencies and organizations during emergency operations generally parallels their normal day-to-day functions.

The same personnel and material resources will be deployed in both cases. Day-to-day tasks and operations that do not contribute directly to the emergency may be suspended or redirected for the duration of an emergency or disaster, and efforts that would normally be assigned to those tasks may be channeled toward emergency and disaster support as needed.

Execution and Implementation

The BEMS Director will activate this plan when the situation warrants. Should the Governor declare a state of emergency, the plan will automatically be activated.

The Federal Government has adopted the National Incident Management System (NIMS) to manage emergency incidents and disasters from the first responder level to the highest levels of the Federal Government. It is based on the Incident Command System and the Unified Command System (ICS/UCS) and is flexible and appropriate to all types of incidents. The Department of Health and Hospitals and Office of Public Health will use the same flexible structure to manage all types of incidents, particularly those that require the establishment of Incident Command Posts at or near an incident site. The Agency adopts the NIMS guidance by reference.

PHASES OF EMERGENCY MANAGEMENT

Since this EOP is concerned with the many hazards to which the State and its citizens may be exposed before the authority having jurisdiction (AHJ) will operate in accordance with the five (5) phases of emergency management prescribed by the federal government:

1. Prevention – Preventive actions are taken to avoid an incident or to intervene to stop an incident from occurring. Such actions are primarily applicable to terrorist incidents. They may include the application of intelligence and other information to a range of activities that may include deterrence, heightened security for potential targets, investigations to determine the nature and source of the threat, public health and agricultural surveillance and testing, and public safety law enforcement operations aimed at preempting, interdicting or disrupting illegal activities and apprehending perpetrators.
2. Mitigation – Actions may be taken to eliminate or reduce the impact of a disaster. Such measures include recognizing the hazards faced by the community, public education about hazards and protective measures, hazard and vulnerability analysis and preventative health care.
3. Preparedness – Actions may be taken in advance of an emergency/disaster to develop operational capabilities and help communities respond to and recover from a disaster. Such measures include the construction and equipping of EOC's with warning and communications systems, recruitment, and training of emergency management personnel, development of plans, procedures, arrangements, and agreements, and exercises of personnel and systems.
4. Response – Response actions are taken before, during, or after an emergency/disaster to save lives, minimize damages and enhance recovery operations. Such measures include activation of: emergency operation centers, plans and procedures, arrangements and agreements, the emergency alert system, public warning, notification of public officials, provision of mass care, shelter, search and rescue, and security.
5. Recovery – Recovery actions are taken over the short-term to return vital life support systems to minimum standards, and long-term to return life to normal or improved levels. Such measures include damage assessment, supplemental assistance to individuals and public entities, assessment of plans, procedures, arrangements, and agreements, and the development of economic impact studies and methods to mitigate damages.

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

The Bureau of Emergency Medical Services will serve as primary support agency for the coordination of EMS resources.

Responsibility of the Louisiana Bureau of Emergency Medical Services:

- Credentialing of EMT staff and the placard identification of surge ambulances
- Support of local 911 operations through surge unit allocation.
- Support of medical operations, i.e. Search and Rescue through surge resource allocation
- Support of Hospital Evacuation Processes upon request
- Support of Nursing Home Evacuation Processes upon request
- Oversight of surge ambulance contracts including credentialing of responding ambulances and personnel;
- Support of Shelter Operations
- Standing up and operating the BEMS Multi-Agency Coordination Center (BEMS MACC)
- Establishing an EMS Communications Plan for EMS during an activation
- Supporting Operations at the Bus Triage Site with Triage Task Forces
- Supplementing and supporting the EMS Designated Regional Coordinators with local surge response

Through coordination from the BEMS Multi-Agency Coordination Center (MACC), each of these areas will be monitored and supported. The MACC will be the primary point of operations for BEMS staff; however, liaisons will be placed at the following locations to ensure seamless operational integration across agencies:

1. The Governor's Office of Homeland Security and Emergency Preparedness
Emergency Operations Center
2. The Center for Community Preparedness
3. The Ambulance Processing Site

See the BEMS MACC Operations Manual for more information on specific MACC operations.

Other plans that support the BEMS EOP are the Ambulance Processing Site Plan, the Bus Triage Plan, the Designated Regional Coordinator Plan, and the Ambulance Distribution Plan. These plans should be used as needed to support response efforts.

